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PTO/SS/97 (08-03)

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Patricia A. Verlangieri

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Serial No.: 10/530,337

Docket No.: PF020136

Examiner: Ramon O. Ramirez

Transmittal Form (2 Copies - 2 Pages)

Fee Transmittal Form (2 Copies - 2 Pages)

Petition for Extension of Time (2 Copies - 2 Pages)

Amendment (4 Pages)

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PTO/SA/21 (09-04)

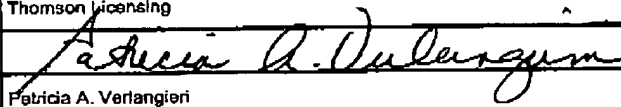
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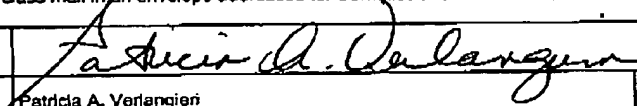
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/630,337
	Filing Date	November 2, 2006
	First Named Inventor	Geert Van Den Bossche et al.
	Art Unit	3632
	Examiner Name	Ramon O. Ramirez
	Attorney Docket Number	PF020138
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<b>Remarks</b>	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Thomson Licensing	
Signature		
Printed name	Patricia A. Verlangeri	
Date	June 5, 2008	Reg. No. 42,201

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Signature		
Typed or printed name	Patricia A. Verlangeri	Date June 5, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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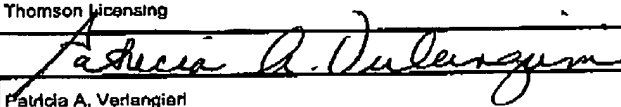
PTO/SB/21 (09-04)

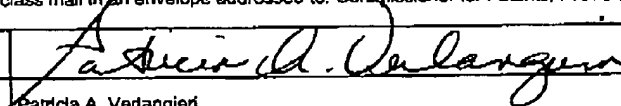
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Thomson Licensing	
Signature		
Printed name	Patricia A. Verlangieri	
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Typed or printed name	Patricia A. Verlangieri	Date June 5, 2008

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PTO/SAF7 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

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**FEE TRANSMITTAL  
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1050**Complete if Known**

Application Number 10/530,337  
 Filing Date November 2, 2006  
 First Named Inventor Geert Van Den Bossche et al.  
 Examiner Name Ramon O. Ramirez  
 Art Unit 3632  
 Attorney Docket No. PFO20138

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None  
 Order
☒ Deposit Account:Deposit  
Account  
Number 07-0832Deposit  
Account  
Name THOMSON LICENSING INC., Customer No. 24498

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.
**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	385	Utility filing fee	
1002	350	2002	170	Design filing fee	
1003	550	2003	265	Plant filing fee	
1004	780	2004	385	Reissue filing fee	
1005	180	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$) 0

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
	0	0	0
Independent Claims	0	0	0
Multiple Dependent			0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	88	2201	43	Independent claims in excess of 3
1203	300	2203	145	Multiple dependent claim, if not paid
1204	89	2204	43	Reissue independent claims over original patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$) 0

\*or number previously paid, if greater. For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	2053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	210	Extension for reply within second month	
1253	980	2253	475	Extension for reply within third month	1050
1254	1,530	2254	740	Extension for reply within fourth month	
1255	2,080	2255	1,005	Extension for reply within fifth month	
1401	340	2401	165	Notice of Appeal	
1402	340	2402	165	Filing a brief in support of an appeal	
1403	300	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or release)	
1502	490	2502	240	Design issue fee	
1503	660	2503	320	Plant issue fee	
1480	130	1480	130	Petitions to the Director	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Sheet	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	780	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	780	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 1050

**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type) Patricia A. Chelargian Registration No. 42,201 Telephone (609) 734-6887  
 Signature *Patricia A. Chelargian* Date June 5, 2008

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PTO/SB/17 (10-03)  
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<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		<i>Complete if Known</i>	
		Application Number	10/530,337
		Filing Date	November 2, 2008
		First Named Inventor	Geert Van Den Boesche et al.
		Examiner Name	Ramon O. Ramirez
		Art Unit	3832
		Attorney Docket No.	PF020136
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(S) 1050		

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING INC., Customer No. 24498 The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>FEE CALCULATION (continued)</b> <b>3. ADDITIONAL FEES</b>																																																																																																																																																																																																																																					
<b>1. BASIC FILING FEE</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>2001</td> <td>780</td> <td>385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002</td> <td>2002</td> <td>350</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>2003</td> <td>550</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>2004</td> <td>790</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>2005</td> <td>180</td> <td>60</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td>(S) 0</td> <td></td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	2001	780	385	Utility filing fee		1002	2002	350	170	Design filing fee		1003	2003	550	265	Plant filing fee		1004	2004	790	385	Reissue filing fee		1005	2005	180	60	Provisional filing fee		SUBTOTAL (1)				(S) 0		<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>2051</td> <td>130</td> <td>65</td> <td>Surcharge - 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<b>1. BASIC FILING FEE</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>2202</td> <td>18</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>2201</td> <td>88</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>2203</td> <td>300</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>2204</td> <td>88</td> <td>43</td> <td>Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>2205</td> <td>18</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (2)</td> <td>(S) 0</td> <td></td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1202	2202	18	9	Claims in excess of 20		1201	2201	88	43	Independent claims in excess of 3		1203	2203	300	145	Multiple dependent claim, if not paid		1204	2204	88	43	Reissue independent claims over original patent		1205	2205	18	9	Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)				(S) 0																																																																																																																																																																																													
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\*or number previously paid, if greater. For Reissues, see above

SUBMITTED BY		Completes (if applicable)			
Name (Print/Type)	Patrick A. Artangel	Registration No. (Attorney/Agent)	42,201	Telephone	(808) 734-6887
Signature	[Signature]			Date	June 6, 2008

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 This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.  
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